

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/210,807	12/15/98	369	2753	YMOR-112

APPLICANT

YUJI HISAKADO, DAITO-SHI, JAPAN; CHIKASHI INOKUCHI, HIRAKATA-SHI, JAPAN;  
YUKIHIRO YAMASAKI, HIRAKATA-SHI, JAPAN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

JAPAN

9-343496

12/15/97

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/05/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OF COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials	JPX	12	13	4

ADDRESS

PARKHURST & WENDEL  
1421 PRINCE STREET  
SUITE 210  
ALEXANDRIA VA 22314-2805

TITLE

OPTICAL DISK DEVICE

FILING FEE  
RECEIVED

\$838

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other \_\_\_\_\_
- ☐ Credit

SERIAL NUMBER <div style="text-align: center;">09/210,807</div>	FILING DATE <div style="text-align: center;">12/15/98</div>	CLASS <div style="text-align: center;">369</div>	GROUP ART UNIT <div style="text-align: center;">2754</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">YMOR-112</div>
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APPLICANT

YUJI HISAKADO, DAITO-SHI, JAPAN; CHIKASHI INOKUCHI, HIRAKATA-SHI, JAPAN;  
 YUKIHIRO YAMASAKI, HIRAKATA-SHI, JAPAN.

\_\_\_\_\_

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
 VERIFIED

\_\_\_\_\_

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
 VERIFIED

\_\_\_\_\_

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
 VERIFIED                  JAPAN                  9-343496                  12/15/97

\_\_\_\_\_

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>	STATE OR COUNTRY <div style="text-align: center;">JPX</div>	SHEETS DRAWING <div style="text-align: center;">12</div>	TOTAL CLAIMS <div style="text-align: center;">13</div>	INDEPENDENT CLAIMS <div style="text-align: center;">4</div>
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ADDRESS

PARKHURST & WENDEL  
 1421 PRINCE STREET  
 SUITE 210  
 ALEXANDRIA VA 22314-2805

TITLE

OPTICAL DISK DEVICE

FILING FEE RECEIVED <div style="text-align: center;">\$838</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> </div>
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